

Please amend the claims as follows:

Claim 1 (Amended). A method for treating a human patient having a fungal infection, comprising intravenously administering to said patient a therapeutically effective amount of ~~an~~ a polyene antifungal agent in association with a therapeutically effective amount of a chimeric or humanized monoclonal antibody that binds to the p55 subunit of the human interleukin-2 (IL-2) receptor and inhibits binding of IL-2 to an IL-2 receptor.

Claim 2 (Canceled).

Claim 3 (Original). The method of claim 1, wherein the monoclonal antibody is a humanized anti-Tac antibody.

Claim 4 (Original). The method of claim 3, wherein the monoclonal antibody is daclizumab.

Claim 5 (Canceled).

Claim 6 (Canceled).

Claim 7 (Amended). The method of claim 1 ~~6~~, wherein the polyene antifungal agent ~~antimycotic~~ is amphotericin B.

Claim 8 (Amended). The method of claim 1, wherein the polyene antifungal agent is amphotericin B and the monoclonal antibody is daclizumab.

Claim 9 (Original). The method of claim 8, wherein administration of the therapeutically effective amount of amphotericin B and the therapeutically effective amount of daclizumab occurs concomitantly.

Claim 10 (Original). The method of claim 8, wherein a part of the therapeutically effective amount of daclizumab is first administered followed by a combination of the remainder of the therapeutically effective amount of daclizumab in association with the therapeutically effective amount of amphotericin B.

Claim 11 (Canceled).

Claim 12 (Original). The method of claim 11, wherein the amount of amphotericin B is 0.3 to 25 mg/kg per day.

Claim 13 (Original). The method of claim 8, wherein daclizumab is administered intravenously.

Claim 14 (Original). The method of claim 13, wherein the amount of daclizumab is about 1 mg/kg one to four times per week.

Claim 15 (Amended). A method for treating a human patient having a fungal infection, comprising administering, during a treatment period ~~over a given period of time to the patient~~ (a) a first component consisting of pharmaceutical composition consisting of an injectable solution containing as an active ingredient an antimycotic agent in a therapeutically effective amount to decrease the severity of the fungal infection and (b) a second component consisting of an injectable solution containing as an active ingredient a chimeric or humanized monoclonal antibody that binds to the p55 subunit of the human interleukin-2 (IL-2) receptor and inhibits binding of IL-2 to an IL-2 receptor in a therapeutically effective amount to prevent reactions commonly experienced by patients who receive an antimycotic agent, said components being concomitantly administered ~~over a period of time at least sufficient to resolve an invasive fungal infection.~~

Claim 16 (Original). The method of claim 15, wherein the antimycotic agent is amphotericin B.

Claim 17 (Amended). The method of claim 16, wherein the second component consists of an injectable solution containing as an active ingredient a humanized anti-Tac monoclonal antibody.

Claim 18 (Original). The method of claim 17, wherein the anti-Tac monoclonal antibody is daclizumab.

Claim 19 (Amended). A method of treating a human patient having a fungal infection,

comprising concomitantly administering to the patient: (i) a first component consisting of an injectable solution containing as an active ingredient amphotericin B, and (ii) a second component consisting of an injectable solution containing as an active ingredient a chimeric or humanized monoclonal antibody that binds to the p55 subunit of the human interleukin-2 (IL-2) receptor and inhibits binding of IL-2 to an IL-2 receptor.

Claim 20 (Original). The method of claim 19, wherein the active ingredient of the second component is a humanized anti-Tac antibody.

Claim 21 (Original). The method of claim 19, wherein the active ingredient of the pharmaceutical composition of the first component is administered in an approximate amount of 0.3 to 25 mg per kg per day.

Claim 22 (Original). The method of claim 19 wherein the active ingredient of the second component is administered in an approximate amount of 1 mg/kg to 2 mg/kg per week.

Claim 23 (Original). The method of claim 19, wherein the components are concomitantly administered over a period of time from about 4 weeks to about 8 weeks.

Claim 24 (Original). The method of claim 23, wherein the components are concomitantly administered over a period of time of about 8 weeks.

Claims 25-29 (Canceled).

Claim 30 (Amended). A method for treating a human patient having a fungal infection, comprising administering to the patient over a period of time at least sufficient to resolve an invasive fungal infection, in fourteen day cycles, (a) a first component, ~~administered~~ ~~delivered~~ on day 1 of each fourteen day cycle, consisting of an injectable solution containing as an active ingredient a chimeric or humanized monoclonal antibody that binds to the p55 subunit of the human interleukin-2 (IL-2) receptor and inhibits binding of IL-2 to an IL-2 receptor in a therapeutically effective amount to prevent at least one adverse reaction ~~reactions~~ commonly experienced by patients who receive an antifungal agent, and (b) a second component, ~~administered~~ ~~delivered~~ each day of each fourteen day cycle, consisting of a pharmaceutical composition consisting of an injectable solution containing as an active ingredient an antifungal agent in a therapeutically effective amount to decrease the severity of the fungal infection.

Claim 31 (Original). The method of claim 30 wherein said antifungal agent is amphotericin B.

Claim 32 (Original). The method of claim 30 wherein said monoclonal antibody is an anti-Tac antibody.

Claim 33 (Original). The method of claim 32 wherein said anti-Tac antibody is daclizumab.

Claim 34 (Original). The method of claim 30 wherein the monoclonal antibody is administered in an amount of about 1 mg/kg to about 2 mg/kg weekly.

Claim 35 (Original). The method of claim 30 wherein the antimycotic agent is administered in an amount of about 0.3-25 mg/kg daily.

Claim 36 (Original). The method of claim 30 wherein components (a) and (b) are administered for a period of about 4 to 8 weeks.

Claim 37 (Withdrawn). A method of reducing side effects associated with antifungal therapy selected from the group consisting of renal dysfunction with secondary hypokalemia, hypomagnesemia and anemia, flu-like syndrome, epigastric pain, cardiovascular toxicity, hypotension, ventricular fibrillation, cardiac arrest, pulmonary leukocytosis, dyspnea, respiratory distress, hepatic dysfunction or failure, coagulation defects, pruritis, seizures, and nephrotoxicity comprising administering to a patient a therapeutically effective amount of a chimeric or humanized monoclonal antibody that binds to the p55 subunit of the human interleukin-2 (IL-2) receptor and inhibits binding of IL-2 to an IL-2 receptor.

Claim 38 (Withdrawn). The method of claim 37 wherein the monoclonal antibody is an anti-Tac antibody.

Claim 39 (Withdrawn). The method of claim 38 wherein the anti-Tac antibody is daclizumab.

Claim 40 (Withdrawn). The method of claim 37 wherein the monoclonal antibody is administered in an amount of 1 mg/kg to 2 mg/kg/week.

Claim 41 (Withdrawn). The method of claim 37 wherein the monoclonal antibody is administered in an injectable solution.